**FEC** 

## **STATEMENT OF**

FORM 1		ORGANIZATION									
	/		(See instruction	ons)				Off	fice use only		
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,	(Check if address is changed)		agmattson@gmail.c	com				ш			
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4. IS 1	THIS STATEM	ENT	NEW (N) OR	X	AMENDED (A	<b>A</b> )					
L certify th	hat I have examir	ned this Stateme	nt and to the best of my kn	owledge ar	nd helief it is true corr	ect and o	complete				
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Type or	Print Name of	Treasurer _	Alicia Mattson								
Signatur	re of Treasurer	Electronical	ly Filed by Alicia Ma	ittson		. Da	ate	<b>D_1</b> /	<b>19</b>	Y Y 2	0 1 0
NOTE: S	Submission of fal		incomplete information ma	-	,				of 2 U.S.C.	§437g.	
	04:-	ANY	CHANGE IN INFORMA	ATION SH				DATO			
	Office Use Only				For further informa Federal Election Cor Toll Free 800-424-9	mmissior			FEC FO		1